



Proposal to the:
State of Vermont
Agency of Human Services

In Response to:
***Request for Proposals for a Follow-up Study on the
Financial Sustainability of the Vermont Designated
Agency Provider System for Mental Health,
Developmental Disability and Substance Abuse Services***

Submitted By:
The Pacific Health Policy Group

December 4, 2006

THE PACIFIC HEALTH POLICY GROUP

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Transmittal Letter

December 4, 2006

Ms. Candi Young
Executive Office Manager
Agency of Human Services Secretary's Office
103 South Main Street
Waterbury, VT 05671-0203

Dear Ms. Young,

The Pacific Health Policy Group (PHPG) is pleased to submit our response to the Request for Proposals for a *"Follow-up Study on the Financial Sustainability of the Vermont Designated Agency Provider System for Mental Health, Developmental Disability and Substance Abuse Services."*

In conformance with RFP requirements, we are submitting twenty-five (25) copies of our proposal. The proposal is divided into seven (7) sections and includes one appendix. There are no separate enclosures included with the proposal. The original signed Certifications and Assurances form is enclosed with this transmittal letter.

The Pacific Health Policy Group understands the requirements of the RFP and is prepared to provide all requested services.

Additionally, I, Scott Wittman, as Director of The Pacific Health Policy Group, will be the firm's primary point of contact for clarification of bid information and I am the bidder's authorized agent with the authority to legally bind The Pacific Health Policy Group to the provisions of the contract. Please contact me regarding all matters related to this solicitation. My contact information follows:

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The Pacific Health Policy Group
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We have many years of experience collaborating with the State of Vermont on a wide variety of projects, including the original Designated Agency study. We hope to have the opportunity to assist the State again with this very important project.

Sincerely,

THE PACIFIC HEALTH POLICY GROUP

Scott Wittman, Director

CERTIFICATIONS AND ASSURANCES

I/we make the following certificates and assurances as a required element of the bid or proposal to which it is attached, understanding that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to the award or continuation of the related contract(s):

1. The prices and/or cost data have been determined independently, without consultation, communication or agreement with others for the purpose of restricting competition. However, I/we may freely join with other persons or organizations for the purpose of presenting a single proposal or bid.
2. The attached proposal or bid is a firm offer for a period of 120 days following receipt, and it may be accepted by the Agency of Human Services without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the 120-day period.
3. In preparing this proposal or bid, I/we have not been assisted by any current employee of the State of Vermont whose duties relate (or did relate) to this proposal, bid or prospective contract, other than an employee who was assisting in his or her official, public capacity. Any such person acting in an official capacity and no member of his or her immediate family have any financial interest in the outcome of this proposal or bid. (Any exceptions to these assurances are described in detail on a separate page and attached to this document.)
4. I/we understand that the State will not reimburse me/us for any costs incurred in the preparation of this proposal or bid. All proposals or bids become the property of State, and I/we claim no proprietary right to the ideas, writings, items, or samples.
5. I/we understand that any contract(s) awarded as a result of this RFP will incorporate terms and conditions substantially similar to those attached to the RFP. I/we certify that I/we will comply with these or substantially similar terms and conditions if selected as a Contractor.
6. I hereby certify that I have examined the accompanying RFP forms prepared by _____ and to the best of my knowledge and belief the contents are true, and correct, and are prepared from the books and records of the agency in accordance with applicable instructions, except as noted.

Signature: _____ Date: _____

Title: _____

**Request for Proposals for a Follow-up Study on the
Financial Sustainability of the Vermont Designated Agency Provider
System for Mental Health, Developmental Disability and Substance
Abuse Services**

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Section 1 – Corporate Overview & Structure

The Pacific Health Policy Group (PHPG) is a consulting firm specializing in state health care reform, Medicaid program operations and financing, behavioral health care, long-term care for the physically and developmentally disabled, and managed care program development, implementation, and evaluation. Our consulting staff includes highly experienced professionals with expertise in all of these areas. The professionals in our firm have worked on behalf of state, county, and local governmental agencies throughout the country, as well as a variety of foundations, provider groups and managed care organizations.

Since the early 1990s, we have played an instrumental role in the design and development of broad-based health reform initiatives under the Medicaid Section 1115(a) “research and demonstration waiver” authority. We have assisted in the development and implementation of broad-based reforms in the states of Arizona, Illinois, Oklahoma, New York, Rhode Island, and Vermont. We also have provided strategic planning assistance to a number of other Medicaid programs, including those in the states of Georgia, Indiana, Maryland and West Virginia, as well as Orange, San Diego and San Francisco Counties in California.

PHPG consultants have extensive experience in conducting the type of program evaluation called for in this RFP. That experience includes demand and capacity analysis, resource projections, fiscal trending, gap analysis and benchmarking. We also have a long history of providing consulting services to the Agency of Human Services in Vermont and have extensive knowledge of the State’s delivery systems and funding structures for behavioral health and developmental services.

The Pacific Health Policy Group is a division of Westport Healthcare Management, Inc, a Missouri-domiciled for-profit corporation. The firm has offices in Irvine, California and Lake Forest, Illinois.

PHPG has two corporate directors, four associates and contractual arrangements with consulting economists, certified public accountants, and attorneys for specialized technical assistance as needed. Additional information on our corporate officers is provided in chapter four.

PHPG is submitting this proposal in conjunction with a subcontractor – EP&P Consulting, Inc. PHPG will serve as the lead agency for the engagement.

Section 2 – Firm Experience & Qualifications

The Pacific Health Policy Group has provided consulting services to the state of Vermont and other state and county governmental agencies in all of the areas addressed in the RFP scope of work. A selection of our relevant work experience on behalf of these clients is included below.

Vermont – PHPG assisted in the design and development of a coordinated care model for Community Rehabilitation and Treatment (CRT) services for the seriously mentally ill, including those dually diagnosed as chemically dependent. PHPG consultants conducted site visits to all Designated Agencies in the state as part of the CRT waiver development process.

We assisted with development of payment rates based on historical cost and utilization data, acquired from a variety of sources, including the State's Medicaid Management Information System, the Division of Mental Health's information system, and monthly cost/utilization reports submitted by community-based providers. We also evaluated differences among payment rates across payors and the impact of streamlined payments on provider revenues.

The CRT program was authorized through an amendment to the state's existing Section 1115a waiver. PHPG prepared the waiver amendments, performed budget neutrality calculations and assisted the state in preparing for pre-operational site visits from the federal government.

In 2004, we were retained to conduct a study of the financial sustainability of the Designated Agency provider system. The comprehensive assessment of the current system included: identification of gaps in the current delivery system; evaluation of Designated Agency costs; evaluation of contract and reporting requirements; comparison of the Vermont system to public systems nationally in terms of cost and outcomes measures; identification of best clinical and business practices; and projections of service utilization and financial resources for a five-year period.

As part of our work, we conducted interviews and held stakeholder forums throughout the state, to better understand how the program was perceived by consumers, including seriously mentally ill adults, persons with developmental disabilities and their families. We also met with Designated Agency staff, advocacy groups and state personnel to explore issues related to service availability and funding constraints.

At the conclusion of our work, we issued a report with recommendations for strengthening the system and enhancing its financial sustainability. One outcome of our study was an agreement by the Secretary of AHS to support a 7.5 percent annual increase in system funding over a three-year period.

Alaska - PHPG was retained by the Alaska State Legislature in 2006 to conduct a comprehensive review of the Alaska Medicaid program. Review components included the financing and delivery of behavioral health services and long term care within the state, including programs for the developmentally disabled. Particular emphasis was given to issues of provider capacity and service accessibility in rural areas.

Alaska's large size and dispersed population has made it difficult to provide preventive and early intervention behavioral health services through community-based providers. As a result, many children and adolescents enter the system only when they experience a crisis, often resulting in expensive, out-of-state placements in residential treatment centers.

Our work has included meetings with governmental providers and consumer representatives to document service gaps and funding issues, as well as analysis of program budgets and expenditure forecast services. PHPG issued a draft report to the legislature in November, with findings and recommendations for strengthening both the behavioral health and long term care systems. Our recommendations for behavioral health include making greater investments in community-based preventive and early intervention services today, in order to curb the growth rate of costlier inpatient care.

Arizona –The Arizona Department of Health Services (ADHS) is responsible for the delivery of all substance abuse and mental health services to the state's Medicaid and indigent populations. ADHS contracts on a capitated basis with a single entity in each county (RBHA) to furnish behavioral health services for the Medicaid population. PHPG consultants participated in the establishment of the RBHA system in the early 1990s. In 1998, our group assisted ADHS in conducting an emergency procurement in Maricopa County (Phoenix), after the existing contractor became insolvent. We then assisted the state in conducting all aspects of the procurement in 1999-2000 for the remaining counties in the state. These activities included a public debriefing process with legislators, providers, advocates and the press.

PHPG also serves on an ongoing basis as a consultant to the Arizona Health Care Cost Containment System (AHCCCS), the state's Medicaid agency. Our work for AHCCCS has included development of clinical assessment instruments for persons with developmental disabilities, as well as the elderly and physically disabled. We also have provided assistance in selecting managed care contractors for the long term care population. (Arizona's entire Medicaid program operates under a managed care model.)

Connecticut – In 2004, PHPG assisted a consortia of state departments, including the Department of Mental Health and Addiction Services, to develop a joint purchasing, contracting, ratesetting, and fiscal and performance data monitoring strategy and approach for certain behavioral health services for adults and children. This work included the development of uniform fiscal and performance standards, fiscal and performance monitoring strategies and tools, integrated contracts, credentialing guidelines, and reimbursement methodologies.

Mississippi – PHPG, and our subcontractor EP&P Consulting, are currently assisting the state of Mississippi in the evaluation and re-design of the long term care program, including the development of new clinical screening instruments and service options for the seriously mentally ill and persons with developmental disabilities. Mississippi currently ranks last in the nation in terms of community-based service options for persons requiring long term care services. As part of our work, PHPG and EP&P recently completed an analysis of new program options for SMI adults and persons with developmental disabilities and are currently assisting the state to secure federal grant funding to facilitate their implementation.

New York – During the development of a statewide 1115a Demonstration Waiver program for Medicaid, the New York State Office of Alcohol and Substance Abuse Services (OASAS) and the Office of Mental Health proposed the development of Special Needs Plans for persons with severe mental illness and serious drug and alcohol problems. PHPG staff worked on this initiative with these two agencies, as well as the single state agency for the Medicaid program (Department of Health) and the Social Services Agency.

The scale of the project necessitated numerous interagency meetings and the establishment of workgroups with participants from the provider and advocacy communities. The interagency and stakeholder workgroups addressed such issues as how best to include and pay for Methadone Maintenance, Residential Treatment, and Intensive Psychiatric Rehabilitation Therapy. Ultimately, the workgroups' findings and recommendations were incorporated into legislation to provide for the development of Special Needs Plans as an alternative to traditional managed care for the seriously mentally ill.

Oklahoma – PHPG has served as a consultant to the Oklahoma Medicaid program since 1994. The firm assisted the single state agency (Oklahoma Health Care Authority) and the Department of Mental Health and Substance Abuse Services to evaluate expenditures by both agencies for substance abuse and mental health services to the state's Medicaid population and identified areas of overlap and differentiation, as well as opportunities for greater federal financial participation. PHPG assisted the two agencies in exploring the feasibility of establishing a stand-alone managed care system for behavioral health, targeted at persons with dual diagnoses and/or serious mental illness.

Most recently, we collaborated with the Health Care Authority to develop a strategic plan for reducing the number of uninsured in the state. We facilitated the work of a task force comprised of representatives from the executive and legislative branches, as well as consumer, provider and health insurer stakeholders. Our work culminated in the establishment of a new premium assistance program for low income working families, authorized as part of a Section 1115a research and demonstration waiver and funded through a combination of tobacco tax revenues, worker/employer contributions and federal matching dollars. The new program – known as O-EPIC – also includes a state-operated public product targeted at persons unable to access employer-sponsored insurance, including Seriously Mentally Ill adults.

Tennessee (TennCare) – We assisted the state of Tennessee and the TennCare Bureau in conducting a procurement to obtain contracts with behavioral health organizations to provide the full scope of behavioral health (including substance abuse treatment) services for 1.3 million beneficiaries of the Medicaid and TennCare Waiver programs.

Orange County, California (CalOPTIMA) – The CalOPTIMA program in Orange County is one of five county-level Health Insuring Organizations (HIO) operating in California. We assisted the county in 1994 to implement its HIO, which includes a unique community provider delivery system. PHPG assisted the county to determine, from the provider’s perspective, the sustainability of this health service delivery model to meet future demand in a fiscally responsible manner. We also worked with the county to evaluate alternative service delivery models, including an analysis of the fiscal impact of each model.

San Diego County, California – PHPG assisted San Diego County in evaluating alternative service delivery models and conducted a financial feasibility study of the options selected for further analysis. PHPG assisted in building a decision making consensus among members of the County’s Project Management Committee, comprised of government officials, providers and consumer advocates.

San Francisco City and County, California – PHPG assisted the San Francisco Department of Public Health in evaluating the feasibility of using a Section 1115a Medicaid waiver to expand coverage to uninsured working adults, as part of a broader health reform initiative. PHPG staff identified and evaluated alternative service delivery models and conducted a pro forma financial analysis to quantify the demand for services and costs under the demonstration waiver. PHPG assisted in building a decision making consensus among members of the County’s Medicaid Waiver Planning Committee, comprised of government officials, providers and consumer advocates.

Experience and Qualifications – EP&P Consulting

Arizona - EP&P assisted the Arizona Department of Health Services/Division of Behavioral Health Services in updating and setting rates for both existing and new residential and community-based behavioral health services. This included building rate models from the “bottom-up” for each service, collecting and analyzing both cost information and encounter data, and determining appropriate “data edits” to be added to the encounter/claims processing systems. As part of this process, EP&P also addressed policy issues and the potential implications that new or existing policies might have on the rate setting process.

EP&P also assisted the Arizona Department of Economic Security/Division of Developmental Disabilities (DES/DDD) to develop a long-range strategic plan for introducing greater consumer direction into the service delivery model for persons with developmental disabilities. The main areas addressed in the strategic plan included the development and maintenance of provider rates to agencies and sole practitioners, the procurement of services, the implementation of a fiscal intermediary, creating an assessment tool that could be standardized statewide, and systems issues related to the processing of claims, assessments, and cost data.

In accordance with the strategic plan, EP&P assisted DES/DDD to establish a fee schedule for all providers of community-based services for people with developmental disabilities. The new rates were structured to take into account local market differences with respect to employee benefits, housing and utility costs, transportation expenses and consumer needs. The consumer needs component was addressed through development of consumer-specific budgets derived from individual assessments.

Along with development of the rates themselves, EP&P created budget forecasting models which show for each of the district offices of the DES/DDD the average rate for encounters submitted for the previous year by vendor and the expected payment delta based on the next fiscal year average, step-up or step-down rates, as appropriate.

Illinois - EP&P advises the Community Behavioral Healthcare Association (CBHA) of Illinois (formerly known as Illinois Association of Community Mental Health Agencies) on an ongoing basis regarding topics ranging from the design and implementation of managed behavioral health care to federal legislative issues. EP&P assisted CBHA in developing a strategic plan for an Illinois behavioral health system. EP&P also advises CBHA on strategic positioning relative to state and federal law and regulation.

Ohio - EP&P assisted the State of Ohio in conducting financial analyses and client demographics of clients at their public ICFs/MR. This information has been presented to a committee of state employees in the Divisions of Medicaid, MR/DD, Health, and Audit in an effort to develop a revised methodology for paying the public ICFs/MR. EP&P developed recommendations for streamlining the rate development process and is assisting the State in implementing the new rates.

Rhode Island – EP&P has provided a range of program design and support services to Rhode Island in the development and implementation of the state’s CHOICES program for persons with developmental disabilities. This includes: analyzing acute and long-term care claims for the waiver and for capitation, developing funding levels that correlate with the personal capacity inventory’s assessment categories and drafting an amendment to the state’s 1915(c) waiver.

Section 3 – References

References are provided below for three clients other than the state of Vermont, for whom we have provided services relevant to the scope of work in this RFP within the past five years. (See Section 2 for a description of our work on behalf of these clients.) We also have included one Vermont reference.

All of these references can vouch for our consistent record of completing projects on time and within budget. Arizona also can serve as a reference for EP&P Consulting

Client	Contact	Address	Telephone
Alaska	Ginger Blaisdell Alaska Legislative Affairs Agency	State Capitol – Room #3 Juneau, AK 99801	907/465-6600
Arizona	Sandy Alderman Arizona Health Care Cost Containment System (AHCCCS)	801 East Jefferson Phoenix, AZ 85034	602/417-4111
Oklahoma	Matt Lucas Oklahoma Health Care Authority	4545 Lincoln Boulevard, Suite 124 Oklahoma City, OK 73105	405/522-7300
Vermont	Susan Besio, Director of Health Care Reform Implementation Vermont Agency of Administration	109 State Street Montpelier, VT 05609	802/828-3322

Section 4 – Project Staff

Scott Wittman will serve as the Project Manager for this engagement and will oversee completion of all tasks, review all deliverables, and assure that PHPG's performance meets or exceeds the state's expectations. Mr. Wittman is based in our Lake Forest, Illinois office and will manage the completion of all tasks and deliverables from this location.

The Pacific Health Policy Group has assembled a project team with the skills necessary to complete all of the tasks outlined in the Request for Proposals. A brief description of each staff member's experience and role in this project is provided below. Complete resumes for all project staff are provided in the Appendix.

Principals

- *Scott Wittman, Corporate Director* – Mr. Wittman has sixteen years of experience in health care policy evaluation, program development, and financial analysis. He has served as PHPG's project manager in Vermont since 1995. In that capacity, he has participated in the design, implementation and operation of Vermont's Medicaid waiver programs, including the *Global Commitment to Health and Choices for Care*. He also oversaw the Vermont Designated Agency study conducted in 2004 and is serving as project director for the comprehensive review of the Alaska Medicaid program.

Mr. Wittman has particular expertise in the areas of health care program design, fiscal modeling, development of historical expenditure and utilization databases, program monitoring, data reporting, evaluation of state and federal regulations, and contracting. Mr. Wittman will serve as Project Manager and will assist the state with coordination and completion of all tasks and initiatives.

- *Andrew Cohen, Corporate Director* – Mr. Cohen has twenty years experience in health care management and is based in our Irvine, California office. His areas of expertise include the evaluation and reform of long term care systems for the developmentally and physically disabled. He also has managed strategic planning and program reform engagements in the states of Arizona, Oklahoma and Rhode Island, as well as Orange, San Diego and San Francisco Counties. Mr. Cohen participated in the earlier DA study and will assist on all four tasks for this project. Most of his efforts will be focused in Tasks 2 and 4.

Project Staff (in addition to the Principals)

- *Jason Milstein, Associate* – Mr. Milstein is an Associate at the Pacific Health Policy Group. Since joining the firm earlier this year, Mr. Milstein has assisted the Office of Vermont Health Access to identify initiatives to improve the oral care delivery system for both Medicaid-eligible and Medicaid-ineligible Vermonters. He currently is assisting the Vermont Department of Corrections to select a vendor to provide

managed physical health care services to inmates of the correctional system. He also is conducting research on best practices for delivering and financing health care to Medicaid beneficiaries as part of a larger review of the Alaska Medicaid program currently underway. Mr. Milstein will assist on all four project tasks.

- *Yvonne Lutz Powell (EP&P Consulting)* – Ms. Powell is a Corporate Director of EP&P Consulting and has worked in the field of Medicaid financing and service delivery for twenty years. During the past ten years she has specialized in the design, financing, and implementation of health care reform initiatives, providing policy and technical assistance to a number of state Medicaid programs and designing and implementing system change initiatives. Ms. Powell recently assisted the Arizona Department of Health Services in updating and setting rates for both existing and new residential and community-based behavioral health services. She also assisted the Arizona Department of Economic Security/Division of Developmental Disabilities (DES/DDD) to develop a long-range strategic plan for introducing greater consumer direction into the service delivery model for persons with developmental disabilities.
- *Craig Srsen (EP&P Consulting)* – Mr. Srsen is a Senior Consultant at EP&P Consulting, where he has been assisting in the redesign of the reimbursement system for the home- and community-based developmental disabilities program in Ohio. The goal of the project is development of a model that will place individual clients in a funding range to be used as a budget to develop the individual's service plan. Mr. Srsen also has participated in the analysis and development of provider payment rates for behavioral health care and services to persons with developmental disabilities. His work in this regard has involved preparation and detailed analysis of eligibility and claims payment data in numerous states.

Section 5 – Approach & Methodology

The Pacific Health Policy Group (PHPG) proposes to conduct a follow-up study on the financial sustainability of the Vermont Designated Agency (DA) and Specialized Service Agency (SSA) provider system. PHPG performed the initial study of the DA system, which had broadly defined objectives. We understand that the follow-up study is more narrowly-defined, with the objective of developing an analytical baseline for evaluating the demand for future service delivery and ensuring that service delivery expectations align with available resources.

Providers and state policymakers face perennial challenges in managing demand for services and program funding requirements in the face of limited state resources. As caseloads continue to grow, the DAs and SSAs are struggling to maintain existing programs and levels of service delivery despite only modest increases in revenues per client. State legislators and policymakers face a similar challenge: program funding increases at a rate greater than general fund revenues, placing pressure on other important state programs.

The current approach is proving to be unsustainable over the long term. The DAs and SSAs have demonstrated their commitment to meeting community needs by giving priority to service delivery over workforce demands for competitive wages, annual salary increases and benefits. However, as a result, the DAs/SSAs have difficulty filling vacancies and experience high staff turnover rates, thereby compromising their ability to meet demand and provide high-quality care.

The starting point for this project will be to establish a baseline projection of demand (Task 1) and costs (Task 2), based on current program eligibility and service delivery expectations. PHPG will rely on historical service and cost data, as well community expertise, to develop the baseline projection. Upon its completion, we will review the model and its underlying assumptions with state staff and other stakeholders and refine it as appropriate.

Concurrent with development of the baseline demand and cost model, PHPG will develop a baseline projection of available state and federal resources to the support the DA system. Understanding that spending decisions ultimately are made by the Legislature, PHPG will construct a realistic model in collaboration with Agency budget staff and Finance and Management staff.

Assuming the baseline projection of service delivery and funding do not align, the next task will be to develop recommendations to close the gap between provider costs and funding. These recommendations will fall into one of three areas:

- *Operational Efficiencies* – PHPG will identify and evaluate options for reducing provider costs in a manner that does not negatively affect service delivery. For example, we will look for opportunities to streamline and consolidate reporting requirements, to reduce the time and expense associated with these activities. We

also will examine opportunities created by the Global Commitment to Health Demonstration, where flexibility may enable providers to delivery care more cost-effectively.

- *Broad Reform Strategies* – PHPG will collaborate with the state, providers and stakeholders to evaluate system level reform options designed to reduce overall program costs. This could include consolidation of DAs or certain DA functions and standardization/centralization of program eligibility processes.
- *Program Eligibility and Services* – PHPG will work with the advisory group to define the “core services” to be provided by the DA system. These core services will be defined both in terms of the eligible populations and types of services that the state believes are fundamental to meeting expectations in terms of client demand, quality care, outcomes and system values. (The process for defining the core services is discussed in more detail below.) PHPG will assist in developing a process for establishing funding priorities for any current services or populations served outside of the core.

PHPG proposes to facilitate a full-day retreat to develop recommendations and the basic components of the five-year strategic plan. The retreat will include the following key activities:

- Review the baseline findings – PHPG will present the baseline projections, by service area, for service demand, system costs and state funding.
- Define core services – PHPG will facilitate a discussion of program expectations, values and outcomes. The ultimate goal of this task will be to define a basic set of eligibility criteria and services that are realistic for DAs to deliver within state funding parameters.
- Define process for establishing priorities among non-core services – If state funding resources exceed the funding necessary to provide core services, the strategic plan must establish a process for determining what services/populations receive priority for funding.
- Review and refine operational and programmatic recommendations – PHPG will present options for both incremental and systemic changes to the existing system.
- Develop structure for Five-Year Strategic Plan – PHPG will assist participants in defining the necessary elements of the plan and developing an outline of the plan.

The baseline findings will provide the tools necessary to develop a long-term plan, but will not resolve the fundamental problem or eliminate the need to make difficult policy decisions. Development of the strategic plan will be an iterative process. As an example, consolidation of DAs and/or DA functions may not be desirable but may be the optimal choice when faced with elimination or reduction of current programs.

Keys to Success

PHPG has demonstrated its ability to facilitate long-range planning exercises and develop consensus among stakeholders. We believe the communication and collaboration will be critical to the success of this study. To this end, we propose to:

- Meet regularly with the advisory board
- Review our findings and assumptions with stakeholders
- Meet with DA management and staff
- Meet with clients and advocacy groups

PHPG also understands that the study and development of a strategic plan overlaps with other state initiatives, including development of alternatives to the Vermont State Hospital. Where possible, we will incorporate the findings and objectives of other initiatives into our models and recommendations.

PHPG has assisted Vermont with various health policy initiatives over the last twelve years and is aware of Vermont's unique delivery system and culture. We understand the recommendations must align with Vermont's culture and expectations.

Section 6 – Key Project Activities

The project team will use the following approach and methodologies to accomplish the study objectives. The activities described below will be performed for each of the seven major DA/SSA programmatic areas. The overall project schedule is presented in Exhibit 1 at the end of this section.

The first three project tasks will together provide the information necessary to perform a comprehensive trends analysis for the DA/SSA system. The fourth task will use information gathered in the Trends Analysis to support development of a strategic plan that ensures the sustainability of the DA system.

Trends Analysis

- Task 1: Demographic Trends
- Task 2: Labor Market and Cost Trends
- Task 3: Availability of State and Federal Resources

Professional Consultation

- Task 4: Strategic Plan and Recommendations

PHPG proposes to begin the engagement with a kick-off meeting at which team members and state staff will finalize the workplan and timetable. We will also use the meeting to review project data needs and identify the most efficient process for obtaining this data.

The remainder of this section provides a more detailed description of the work to be performed for each task, including any identified subtasks.

Task 1: Demographic Trends

The goal of this task will be to develop a baseline projection for demand, based on current eligibility criteria, service coverage policies, population growth, service usage (intensity/complexity) trends and prevalence of developmental disabilities, major mental illness and substance abuse and severe emotional disturbances among children. Using Vermont claims data that PHPG already possesses, along with additional data identified at the kick-off meeting, PHPG will construct a ten-year forecast for each of the populations served in the DA/SSA system. The model and its underlying assumptions will be reviewed with the state and other stakeholders and refined as appropriate.

<i>Subtask</i>	<i>Description</i>
1.1	Identify data needs and obtain necessary data in addition to historical claims files already in PHPG's possession
1.2	Construct historical/current baseline model
1.3	Project growth (or downsizing) trends among various diagnostic categories and cohorts

1.3a	Project trends for children related to: <ul style="list-style-type: none"> ▪ Major Mental Illness ▪ Substance Abuse ▪ Severe Emotional Disorders ▪ Developmental Disabilities <ul style="list-style-type: none"> – Autism – Pervasive Developmental Disorders
1.3b	Project trends for adolescents related to: <ul style="list-style-type: none"> ▪ Major Mental Illness ▪ Substance Abuse ▪ Severe Emotional Disorders ▪ Developmental Disabilities <ul style="list-style-type: none"> – Autism – Pervasive Developmental Disorders
1.3c	Project trends for adults related to: <ul style="list-style-type: none"> ▪ Major Mental Illness ▪ Substance Abuse ▪ Severe Emotional Disorders ▪ Developmental Disabilities <ul style="list-style-type: none"> – Autism – Pervasive Developmental Disorders
1.4	Evaluate outcomes and project enrollment in the DA system based on early education interventions (IEPs)
1.5	Project the expected target demographic trends within specified age groups served by the DA system for the next ten years
1.5a	<ul style="list-style-type: none"> ▪ Children under 18
	<ul style="list-style-type: none"> ▪ Young people
1.5b	<ul style="list-style-type: none"> ▪ Adults
1.5c	<ul style="list-style-type: none"> ▪ Elders
1.6	Identify changes in the service needs of target populations
1.7	Project impact on demand for paid caregivers related to aging of parents and other non-paid caregivers of adults with developmental disabilities and/or mental illness
1.8	Evaluate models and projections with state staff and key stakeholders
1.9	Refine models and projections as appropriate

Task 2: Labor Market and Cost Trends

The quality of any service-based program is dependent on the qualifications and experience of the persons delivering the service. Through meetings and focus groups with DA/SSA employees and managers, PHPG will explore the key determinants of job satisfaction and employee retention. As part of this exercise, we will interview newly-hired staff to learn about the factors contributing to their decision to work in the DA/SSA system. We also will document the effect of the three-year funding commitment, as perceived by DA/SSA management.

Concurrent with these activities, we will couple the demographic projections developed in Task 1 with current work force data for the DAs/SSAs to project labor pool and operational requirements for the next five years, along with associated operating costs. We also will explore whether and how these projections could be influenced through expansion of alternative models of service delivery, such as peer-run/support programs, consumer directed services and flexible family support

<i>Subtask</i>	<i>Description</i>
2.1	Evaluate job satisfaction within the DA system
2.2	Project staffing needs for the DA system
2.3	Develop a per client cost for each agency
2.4	Develop assumptions for projecting project growth
2.5	Project trends in the labor pool
2.6	Compare staffing needs in the DA system with other mental health service delivery systems

Task 3: Availability of State and Federal Resources

Effective program administration relies on a sustainable and adequate funding stream. However, in an era of shrinking budgets, it is becoming increasingly difficult to supply all beneficial programs with optimal funding. PHPG will analyze budget trends for the DA system and compare them with historical government investments. PHPG will then identify options for increasing revenue streams and also analyze different models for increasing efficiency within the system.

<i>Subtask</i>	<i>Description</i>
3.1	Obtain DA fiscal investment data from the state
3.2	Obtain budget reports for individual agencies
3.3	Project state and federal fiscal investment in the DA system
3.4	Explore financing and administrative options provided by the Global Commitment to Health waiver
3.5	Explore IT options for increasing efficiency
3.6	Explore alternative financial incentives to increase efficiency

➤ Deliverable 1:

At the culmination of the first three tasks, PHPG will produce a deliverable containing the baseline model and findings with respect to:

1. Demographic trends
2. Workforce trends
3. Resource trends from both federal and state government sources

Task 4: Strategic Plan and Recommendations

PHPG will use the findings from Tasks 1 through 3, in combination with our broader Vermont experience, to identify workable strategies for sustaining the DA/SSA system over the next decade and beyond.

To initiate the process, PHPG proposes to facilitate a retreat with key stakeholders to identify current program goals, values, and expectations. From there, it will be necessary to define the core services with respect to:

- Mental Health
- Developmental Disabilities
- Substance Abuse

After core services are defined, PHPG will facilitate a discussion to establish priorities for non-core services.

The information obtained through the retreat will be used to develop information necessary to support development of a long term strategic plan for the DA/SSA system.

<i>Subtask</i>	<i>Description</i>
4.1	Retreat with key stakeholders
4.2	Develop recommendations for the sustainable service delivery for priority populations <ul style="list-style-type: none">▪ Adults with mental illness▪ Children and adolescents with severe emotional disturbances▪ People of all ages with developmental disabilities
4.3	For each priority population, develop analysis and strategies for: <ul style="list-style-type: none">▪ Fiscal investments▪ Service delivery approaches▪ Increasing efficiency
4.4	For each recommendation provide analysis of: <ol style="list-style-type: none">1. Costs and benefits2. Impact on population3. Legal requirements (both state and federal)4. Impact on program operation
4.5	Options for increasing efficiency through options available in existing initiatives
4.6	Identify best practices from other states
4.7	Meet with stakeholders to review plan and recommendations
4.8	Refine recommendations based on input with stakeholders
4.9	Develop final recommendations report

Exhibit 1: Timeline for Project Tasks










Task	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07
	Week ending: 5 12 19 26	2 9 16 23	2 9 16 23 30	6 13 20 27	4 11 18 25	1 8 15 22 29	6 13 20 27	3 10 17 24 31
Category 1: Trends Analysis								
Task 1 - Demographic Trends								
1.1 Identify data needs and obtain necessary data in addition to historical claims files already in PHPG's possession								
1.2 Construct historical/current baseline model								
1.3 Project growth (or downsizing) trends among various diagnostic categories and cohorts								
1.4 Evaluate outcomes and project enrollment in the DA system based on early education interventions (IEPs)								
1.5 Project the expected target demographic trends within specified age groups in the DA system for the next ten years								
1.6 Identify changes in the service needs of target populations								
1.7 Project impact on demand for paid caregivers related to aging of parents and other non-paid caregivers of adults with developmental disabilities and/or mental illness								
1.8 Evaluate models and projections with state staff and key stakeholders								
1.9 Refine models and projections as appropriate								

Exhibit 1: Timeline for Project Tasks (*con't*)

Task	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07
	Week ending: 5 12 19 26	2 9 16 23	2 9 16 23 30	6 13 20 27	4 11 18 25	1 8 15 22 29	6 13 20 27	3 10 17 24 31
Category 1: Trends Analysis								
Task 2 - Labor Market and Cost Trends								
2.1 Evaluate job satisfaction within the DA system								
2.2 Project staffing needs for the DA system								
2.3 Develop a per client cost for each agency								
2.4 Develop assumptions for projecting project growth								
2.5 Project trends in the labor pool								
2.6 Compare staffing needs in the DA system with other mental health service delivery systems								

Exhibit 1: Timeline for Project Tasks (*con't*)

Task	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07
	Week ending: 5 12 19 26	2 9 16 23	2 9 16 23 30	6 13 20 27	4 11 18 25	1 8 15 22 29	6 13 20 27	3 10 17 24 31
Category 1: Trends Analysis								
Task 3 - Availability of State and Federal Resources								
3.1 Obtain DA fiscal investment data from the state								
3.2 Obtain budget reports for individual agencies								
3.3 Project state and federal fiscal investment in the DA system								
3.4 Explore financing and administrative options provided by the Global Commitment to Health waiver								
3.5 Explore IT options for increasing efficiency								
3.6 Explore alternative financial incentives to increase efficiency								
Deliverable: Trends Analysis			D					

Exhibit 1: Timeline for Project Tasks (*con't*)

Task	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07
	Week ending: 5 12 19 26	2 9 16 23	2 9 16 23 30	6 13 20 27	4 11 18 25	1 8 15 22 29	6 13 20 27	3 10 17 24 31
Category 2: Professional Consultation Services								
Task 4 - Strategic Plan and Recommendations								
4.1 Retreat with key stakeholders								
4.2 Develop recommendations for the sustainable service delivery for priority populations								
4.3 For each priority population, develop analysis and strategies for: fiscal investments, service delivery approaches, and increasing efficiency								
4.4 For each recommendation provide analysis of costs and benefits, impact on population, legal requirements (both state and federal), and impact on program operation								
4.5 Options for increasing efficiency through options available in existing initiatives								
4.6 Identify best practices from other states								
4.7 Meet with stakeholders to review plan and recommendations								
4.8 Refine recommendations based on input with stakeholders								
4.9 Develop final recommendations report								
Deliverable - Draft Report for Committee Review - June 1, 2007						D		
Deliverable - Preliminary Final Report - July 1, 2007							D	
Deliverable - Final Report - August 1, 2007								D

Section 7 – Cost Proposal

Exhibit 2 on the next page contains an estimated budget with a detailed break-out of hours and fees by project task. Our total proposed budget, including estimated expenses, is \$128,000.

The proposed budget reflects our understanding of the project requirements as defined by the RFP and described in our approach. We are open to discussion of the project scope with State staff and revision of the project budget, as appropriate.

Exhibit 2
The Pacific Health Policy Group
Proposed Fees and Expenses

Staff Member	Position	Rate per Hour	Task					Fees
			1 - Demographic Trends Analysis	2 - Labor Market and Cost Trends	3 - Availability of State/Federal Resources	4 - Strategic Plan and Recommendations	Total Hours	
Scott Wittman	Director	\$265	48	24	28	48	148	\$39,220
Andrew Cohen	Director	\$265	24	48	6	48	126	\$33,390
Yvonne Powell	EPP-Director	\$265	12	12	-	16	40	\$10,600
Craig Srsen	EPP-Sr. Associate	\$235	16	16	-	12	44	\$10,340
Jason Milstein	Associate	\$155	40	40	24	40	144	\$22,320
<i>Total Hours</i>			<i>140</i>	<i>140</i>	<i>58</i>	<i>164</i>	<i>502</i>	
Total Fees			\$32,220	\$32,220	\$12,730	\$38,700		
Total Fees								\$115,870
Total Expenses								\$ 12,130
Total Fees and Expenses								\$ 128,000

THE PACIFIC HEALTH POLICY GROUP

SCOTT WITTMAN, JD
DIRECTOR

Mr. Wittman is a Director of the Pacific Health Policy Group. He has sixteen years of experience in health care policy evaluation, program development, and financial analysis. He has served as PHPG's project manager in Vermont since 1995. In that capacity, he has participated in the design, implementation and operation of Vermont's Medicaid waiver programs, including the *Global Commitment to Health and Choices for Care*. He also oversaw the Vermont Designated Agency study conducted in 2004 and is serving as project director for the comprehensive review of the Alaska Medicaid program.

Mr. Wittman has particular expertise in the areas of health care program design, fiscal modeling, development of historical expenditure and utilization databases, program monitoring, data reporting, evaluation of state and federal regulations, and contracting.

His work in this area has included:

- Development of Medicaid reimbursement methodologies and rates for numerous provider types, including hospitals, physicians, nursing facilities and home health agencies
- Analysis of historical Medicaid expenditure and utilization data, as well as MCO encounter data for purposes of developing detailed financial projections and to support rate-setting activities
- Development of financial models testing the impact of various programmatic, eligibility, and benefit changes
- Design, development and implementation of specialized payment systems for school-based health care services
- Development and implementation of operational, clinical, and financial reporting systems
- Development of contractual performance standards
- Development and implementation of program monitoring tools, including audit guides and performance evaluation guides
- Evaluation and development of health coverage initiatives, including public-private partnerships, medical savings accounts, and public program expansions.
- Evaluation and development of long-term care initiatives
- Analysis of federal, state and local legislation, regulations, and policies as they pertain to proposed program models
- Assisting in the development of Medicaid managed care strategies for health maintenance and provider-sponsored organizations

SCOTT WITTMAN

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- Development and implementation of MCO operational, clinical, and financial reporting systems to provide state regulators with necessary information to track program performance
- Development of Section 1115(a) and 1915(b) waiver proposals
- Analysis of pharmacy data and development of models to estimate the impact of programmatic changes
- Assistance with development of the Vermont pharmacy program for low-income individuals under a 1115 Demonstration Waiver
- Drafting of RFPs and conducting procurements for enrollment counseling services in the states of Vermont and New York
- Drafting RFP and conducting procurement for Ombudsman services in the State of Vermont
- Development of Requests for Proposals and evaluation criteria for selection of managed care health plans and other health care organizations for various state organizations

Background

Prior to joining the Pacific Health Policy Group in 1994, Mr. Wittman served as a Manager in KPMG Peat Marwick's Government Services Practice, where his duties included evaluation, development and implementation of health care programs for public sector clients. Prior to joining KPMG, Mr. Wittman worked for the American Hospital Association as a policy analyst.

Educational & Academic Qualifications

Mr. Wittman graduated from the Loyola University of Chicago School of Law and is a member of the Illinois Bar. He received his Bachelor of Arts degree in Political Science and Economics at Knox College.

THE PACIFIC HEALTH POLICY GROUP

ANDREW COHEN ***DIRECTOR***

Andrew Cohen is a Director of the Pacific Health Policy Group and has 20 years of experience in health care management and consulting. His areas of expertise include the evaluation and reform of long term care systems for the developmentally and physically disabled. He also has managed strategic planning and program reform engagements in the states of Arizona, Oklahoma and Rhode Island, as well as Orange, San Diego and San Francisco Counties.

His work in this area has included:

- Design and implementation of health care delivery system models for specialty programs, including systems serving persons with developmental disabilities and serious mental illness.
- Directing and conducting analysis of historical utilization and cost information for recipients in fee-for-service Medicaid programs for purposes of designing alternative financing methodologies and assisting in rate-setting
- Drafting of Section 1115(a) and 1915(b) waiver proposals and participation in negotiations with CMS and other oversight entities regarding operational and financial terms and conditions
- Evaluation of state administrative structures and recommendations for improvements
- Development of clinical assessment process and tools for use in determining Medicaid eligibility and level of care within the developmentally disabled and elderly/physically disabled long term care populations
- Developing case mix adjusted fee-for-service payment rates for nursing facilities and ICFs/MR and fee-for-service payment rates for home- and community-based services
- Evaluation and development of strategic plans for private health maintenance organizations interested in serving publicly-financed populations (Medicaid and Medicare)

Background

Mr. Cohen came to the Pacific Health Policy Group from KPMG Peat Marwick, where he served as a Manager in the firm's National Health Policy Group. Prior to becoming a management consultant, Mr. Cohen was a senior analyst with the Southern California region of Kaiser Permanente, the nation's largest HMO. Before Kaiser, Mr. Cohen worked in the strategic planning section of the Scott & White Clinic, a 350-physician multi-specialty group practice based in Austin, Texas.

ANDREW COHEN

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Educational & Academic Qualifications

Mr. Cohen received his Master of Business Administration degree from the J L Kellogg Graduate School of Management at Northwestern University, and his Bachelor of Arts degree from Occidental College.

THE PACIFIC HEALTH POLICY GROUP

JASON MILSTEIN

ASSOCIATE

Mr. Milstein is an Associate at the Pacific Health Policy Group. He joined the firm in September, 2006 after graduating from college in May, 2006. His educational emphasis included the American Judicial System with regards to both Constitutional and Criminal Law, and the organization and function of the United States democratic process for both Federal and State Government. He has assisted the firm in projects relating to Medicaid programs for various State Governments.

State of Vermont

- *Dental Health Initiative* – Collaboration with the Office of Vermont Health Access in developing 12 initiatives to improve the oral care delivery system for both Medicaid-eligible and Medicaid-ineligible Vermonters.
- *Long Term Care Facilities* – He researched various different aspects of Federal Law with regards to different requirements for Managed Care Organizations providing LTC benefits.
- *Nursing Facility Reimbursement Methodology* – Assisted in developing different models for alternative Medicaid reimbursement methodologies for nursing facilities.

State of Alaska

- *Medicaid Reform* – His work focused on reviewing current research and providing recommendations for improvements in improving supply of physicians for the State, as well as different LTC initiatives. He reached and wrote chapters for the final report with regards to tribal health as well as the administration of Alaska's Medicaid program. Additional responsibilities included research regarding disease management, health savings accounts, employer-sponsored insurance, telehealth, and the Payment Error Rate Measurement analysis.

Background

Prior to college graduation, Mr. Milstein worked as a Health Unit Coordinator for a community-hospital in Madison, WI. He served as a volunteer Emergency Medical Technician for Maple Bluff, Blooming Grove, and Burke EMS. Mr. Milstein is also a graduate of the National Outdoor Leadership School.

Educational & Academic Qualifications

Mr. Milstein received his Bachelor of Arts in Political Science from the University of Wisconsin-Madison.

EP&P CONSULTING, INC

YVONNE LUTZ POWELL, MPP

CORPORATE DIRECTOR

One of the founders of EP&P Consulting, Inc (EP&P), Ms. Powell has worked in the area of public sector delivery of health care, specifically with Medicaid and Medicare financing and service delivery for 20 years. Ms. Powell has completed projects for various states related to long-term care systems and nursing facility reimbursement.

Representative Accomplishments

- Assisted Arizona to update Medicaid nursing facility per diem rates every year since 1993. This has included rebasing rates in 1996, 1997, 2000, 2001 and 2005. Arizona uses a case mix system with urban and rural peer groups for wage and benefit calculations. During rebasing years, EP&P employed a combination of cost report and provider survey data to calculate wage rates and update indirect care and capital cost centers. Direct care rates also incorporate patient specific data from two time-and-motion studies conducted for this purpose.
- Completed independent analyses and evaluation of Arizona's existing rates for community support services for elders and people with physical disabilities. Activities during these analyses included:
 - surveying providers to obtain information on actual market cost per unit for hourly community services as well as adult day health programs and transportation;
 - comparing Arizona historical rates to rates paid by other state agencies for the same and similar services; and
 - developing and updating independent models that build rates from the “bottom up” based on information from the Bureau of Labor Statistics on comparable industry wages and benefits. These models assist Arizona in evaluating both the market viability of various rate options as well as the comparability of rates across similar service industries.
- Assisted the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) in updating and setting behavioral health services rates for existing and new services. This included building rate models using Bureau of Labor Statistics and other market-based data; collecting and analyzing cost information through a provider survey; and addressing policy issues as they relate to the ratesetting process. The process also included helping to redefine service definitions as needed and working with providers and stakeholders during transition to the new payment methodology.

Yvonne Powell

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- Worked with the State of Maine on the design and development of MaineNet, a comprehensive Medicaid/Medicare demonstration to integrate acute and long-term care services for the elderly and people with physical disabilities. Ms. Powell worked on the original Section 1115 waiver proposal and advised Maine during the transition to a new model, which provides a full array of primary, acute, and long-term care services through a dual plan option.
- Worked with the Nevada Department of Human Resources in identifying rates and rate methodologies for a wide range of home- and community-based services for people with physical and developmental disabilities, seniors, and children. These rates included supported living arrangements, personal assistance, group home and assisted living, day training centers, adult day health, outpatient rehabilitation therapy services, autism services, and case management. As project manager, Ms. Powell worked closely with a Rates Task Force comprised of providers and state representatives. She assisted the Task Force in reporting to a Steering Committee comprised of state agency leaders and legislators.
- For the Ohio Department of Mental Retardation and Developmental Disabilities (ODMRDD), Ms. Powell was part of an EP&P team that designed, administered, collected, and analyzed data from cost surveys sent to Ohio's community service providers for consumers with developmental disabilities. The surveys were designed to be used in conjunction with a statewide needs assessment so that individual funding levels and a fee schedule could be developed for a series of new Medicaid waivers the State is developing for its individuals with developmental disabilities.
- Currently assisting the State of Ohio with the redesign of the Ohio Home Care Waiver for Home- and community-based services. Major activities during this project include drafting a concept paper, assisting with the design of a waiver amendment, development of funding levels for waiver enrollees, and the design of a self-directed waiver.
- Assisted in a multi-phase project for Oklahoma's Department of Human Services Developmental Disabilities Services Division (DDSD) where Ms. Powell developed recommendations for designing and implementing a consumer-driven managed care system for delivery of long-term support services to consumers with developmental disabilities.
- Assisted Utah's Department of Human Services in examining all processes used by the State to determine eligibility and assessment for long-term care services and in identifying differences, commonalities, and best practices in the State of Utah and nationally. In addition, Ms. Powell identified various opportunities to simplify and streamline the financial eligibility and physical and functional assessment processes

in state-funded programs and services and explored the idea of a coordinated entry point for the consumer of long-term care services. The project included drafting a report presenting an overview of the state's long-term care system.

EDUCATION & ACADEMIC QUALIFICATIONS

University of Michigan – Ann Arbor, MI

Master of Public Policy – 1983

Bachelor of Arts in Political Science – 1982

EP&P CONSULTING, INC

CRAIG SRSEN, MPP ***SENIOR CONSULTANT***

Mr. Srsen uses SAS® and other analytical tools to conduct statistical analysis, rate setting, budget modeling and program evaluation projects for EP&P.

Representative Accomplishments

While at EP&P:

- Analyzed person-level data for utilization and expenditure trends for two focus studies for Indiana's SCHIP program. The first study analyzed the diagnosis and treatment of children with asthma. The second analyzed the nature and frequency of well-child visits to assess the State's success in meeting its goals in this area.
- Researched the adequacy and availability of pediatric health care services to children for a State in support of its defense in litigation brought against it. This research included analyzing the population and distribution of general and family practitioners in the state.
- Developed analyses of Medicaid-reimbursed outpatient hospital services in Arizona and developed the fee schedule that was implemented July 1, 2005. Designed SAS programs that calculate new fees based on the median procedure cost, including aggregated costs of bundled packages of procedures for some service categories. Rate development was also tested on three different years of historical data. This analysis also involved the recalculation of hospital cost-to-charge ratios for the reimbursement of the remaining services not covered by the new fee schedules and a calculation of the statewide budget impact of implementing the fee schedules.
- Assisted in the redesign of the reimbursement system for the home- and community-based developmental disabilities program in Ohio. Designed and developed SAS programs to analyze the quality of the provider cost and utilization data. Designed multivariate regressions and discriminant function analyses using cost data, rate data and assessment data that was collected for HCBS services in Ohio. The goal is the development of a model that will place individual clients in a funding range to be used as a budget to develop the individual's service plan and modeling various options for computing the actual statewide provider rates.
- Conducted numerous quantitative analyses to assist Arizona's Department of Economic Security / Division of Developmental Disabilities in rate-setting, retroactive payments to providers, and fiscal forecasting. This involved detailed analysis and cleaning of the Division's claims payment data, matching it against data from other agencies, and analyzing service usage at a variety of levels.

- Assisted the Arizona Department of Health Services / Division of Behavioral Health Services in several rate-setting and retroactive payment projects. These projects involved developing independent, “bottom-up” rate models, quantitative analysis of paid claims, and matching to data from other state agencies.
- Researched and analyzed the cost reporting methods states use for setting rates for mental retardation and developmental disabilities services. This information is used to find best practices for redesigning state rate setting systems.
- Provided technical support to community providers submitting cost data to the Ohio Department of Mental Retardation and Developmental Disabilities. The Department used cost surveys in electronic format to collect cost information from a variety of supported living and residential community providers in an effort to better understand the market cost of long-term support services.
- Researched day training and treatment programs and foster and adoptive home recruitment programs for persons with developmental disabilities across a number of different states.
- Researched the use of pharmaceutical purchasing pools and drug purchasing review boards by state agencies across the country.

Prior to joining EP&P:

- Assisted the project team in analyzing and evaluating the research, demonstration, and strategic planning needs of the Centers for Medicare and Medicaid Services (formerly HCFA). This project clarified the functional role of the Office of Strategic Planning within CMS, a role that was never clearly defined following the agency’s 1997 reorganization.
- Assisted the project team in developing new interagency coordination mechanisms among the five federal land management agencies for managing wildland fires. Part of this project involved hosting a two-day conference of federal managers from around the country who were critical in adopting and implementing these new mechanisms.

- Managed the federal relations for a state highway and transportation department, including developing its annual federal strategy, meeting with Members of Congress and congressional staff on state transportation priorities, and securing authorizations and appropriations for state transportation projects. Provided assistance in similar activities for six other state departments of transportation and approximately 20 other state and local public sector agencies in both transportation and water resources.
- Analyzed wage outcomes of college education using a statistical correction for self-selection. Using such variables as academic ability, parental influence, and other factors that increase the likelihood of college graduation, demonstrated that the estimated return to college education for a self-selecting college student is much smaller than the estimates used by the federal government in developing education policy.

EDUCATION & ACADEMIC QUALIFICATIONS

Georgetown University, Washington, DC

Master of Public Policy – 2001

Winona State University, Winona, MN

Bachelor of Arts in Political Science – 1994

Concentration: International Affairs